Chapter 7
Patient Education

Introduction

Also referred to as "client education" and/or "patient/client counseling", patient education may very well be the most important element of any prevention program. In health promotion and disease prevention, education and counseling are the main tools for achieving the desired behavioral changes conducive to health. Here are some definitions of health education that may prove helpful:

> "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practiced." (Griffiths, 1972, p. 12)
>
> "Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health." (Green et al., 1980, p. 7)
>
> "The process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others." (National Task Force on the Preparation and Practice of Health Educators, 1983, p. 50)

A few important concepts to note in these definitions include:

- Gap
- Learning experiences
- Facilitate
- Voluntary
- Assisting
- Informed decisions

Together, these elements convey the idea that patient education/counseling is a form of assistance and is not imposed or mandated.

Frequently perceived as someone else's responsibility, patient education is often regarded as extremely time-consuming and lacking tangible results: after all, there are no tests to run, no procedures to apply, nothing except talking and listening. Additionally, patient education is regarded in a negative manner because clinicians tend to perceive patients as not interested in prevention but only interested in taking care of whatever brought them to the clinic in the first place (the primary complaint).

Research data, however, appear to indicate that this is a misperception. Actually, patients are generally very interested in prevention, and tend to evaluate their health care more positively when they're offered preventive counseling in addition to screening. During the focus group study conducted by the University of Texas, many patients indicated they were not accustomed to receiving preventive services, but when asked about their views of prevention, they responded quite positively and expressed the desire for more prevention education. Here are some of the research data on this topic:

> Most of the 322 adults, evaluated in a qualitative study by Cogswell & Eggert in 1993, wished their doctors provided preventive care. Clinicians, however, did not offer the services patients expected.
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> In a study of patients' satisfaction with their physician, Brody and colleagues (1989) found that patients who said they received education and stress counseling and were able to discuss their ideas with the doctor were significantly more satisfied than those who did not receive these interventions.
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> A study by Schauffler and colleagues (1996) also found that patients reported higher satisfaction with their health care when their health care provider had discussed at least one health education topic with them in the last three years.

Patient education is also something clinic staff are reluctant to engage in because it "takes too much time." Sitting down and talking with a patient about his/her risk factors, listening to the patients' history and informing him/her of the options available, does take time. Some of the initial Texas PPIP sites said that patient counseling added anywhere from 15

to 45 extra minutes to the time they regularly spent with patients. However, some of the more recent PPIP implementation sites report this task taking as little as 8–10 minutes. Remember, the time should not be that of the clinician alone (see Chapter Four on designing a system in which responsibility for the patient education is shared among staff members).

Is There Any Way to Make Patient Education Less Time Consuming?

The only way to achieve this is with planning. Planning will enable the use of different encounters with the patient as "teaching moments." For instance, at the registration desk the clerk can be trained to provide bits of information that will reinforce the prevention message the patient will be receiving throughout the clinic. In the waiting room, pamphlets that are eye-catching and interesting to read on different prevention topics, videotapes with stories and role-modeling on preventive behaviors, and posters can be valuable tools for education. If each moment the patient is in the clinic, he/she is exposed to new messages on prevention or has similar messages reinforced, then the overall time spent with a single patient during counseling can be effectively minimized.

Another way to decrease the time required to educate the patient is to educate in a piecemeal fashion. Instead of covering all of the risk factors at once, focus only on one or two related topics (for instance, diabetes and obesity). Remember that too much information will overwhelm the patient and little education will, in fact, occur! However, be sure to utilize a cue system (e.g., post-it notes, chart "flags") to alert staff to provide risk-appropriate counseling at every opportunity, no matter how brief.

Clinicians can incorporate education into the clinical examination. For example, talk about the importance of breast health during the clinical breast exam or briefly discuss the meaning of the patient's blood pressure reading and give preventive recommendations as appropriate when you complete the procedure. Remember, don't forget to document all counseling on the Flow Sheet or progress notes. Make a practice of referring patients in need of more extensive education to a health educator, a dietitian, a nurse who has patient education as part of her/his role, or to a community education/support program.

Feeling Safe to Ask Questions

An important element of the patient education process is to foster an environment in which the patient feels safe to ask whatever questions he/she may have. This is not an easy process and involves, more than anything, the attitudes of staff toward the patients, toward prevention and toward their role in health care. However, this is something you can begin to change, if you are aware of how safe or unsafe your clinic environment actually is for the patients. Ask yourself, for instance, if I were a patient would I feel comfortable asking nurse X a question about my diabetes? When I walk around the hallways of my clinic, do I hear staff commenting on other patients' behaviors? Am I comfortable discussing sensitive issues with patients? (see discussion on Sensitive Issues, p. 85)

Many patients report feeling so intimidated by the clinic and the interactions with the providers that they simply forget the important questions they wanted to ask. Suggest to your patients that they write down their questions and bring them to the appointment. Once at the appointment, encourage your patient to actually ask all of his/her questions and to keep asking questions until they have all the information they need. Asking questions and demanding appropriate answers is a vital component of the empowerment you want your patients to achieve. If your patient isn't able to write, suggest that he/she ask a friend or family member to make notes of their questions and the answers.

Knowledge of Education

Many clinic personnel don't appreciate the power and importance of patient education because they perceive themselves as lacking the proper knowledge or training. Granted, special training in education is extremely valuable and useful, and your clinic should consider hiring professional Certified Health Education Specialists to be a part of your team, or to help train your clinic staff. Nevertheless, as we have seen previously, education occurs at all times, and with everyone the patient comes in contact with inside the clinic. Therefore, everyone is an educator, whether they are aware of it or not!

The Personal Health Guide

How Patients Perceive the Personal Health Guide

A focus group conducted in 1994 by the University of Texas with patients from a community health center in Texas revealed that, on average, patients felt very satisfied when receiving their Personal Health Guides (see Chapter Six), because it conveyed to them the message that the clinic staff were concerned about their health and well-being and took time to provide important information.

However, a few patients said they felt scared, uncertain and suspicious when receiving their booklets, because they thought only patients who were seriously ill were getting the extra information! For these patients, the purpose of the Personal Health Guide was not clear and it was also not clear that all patients were receiving a copy of the booklet. One other patient in the focus group did not see a need to have the booklet, because she only went to the clinic for regular checkups. She didn't consider herself sick or at risk for anything and didn't see the need for the information.

> Educators need to be aware that the purpose of giving out the booklet may not be clear to all patients. In fact, the patient may not understand the meaning of "preventive." Assess the patient's knowledge level and need for individualized explanation. The purpose of the Personal Health Guide should be explained up-front! Do not assume the patient perceives these materials in the same way that you—the educator—do.

Some of the patients in the focus group evaluation previously viewed the Personal Health Guide as having the purpose of pointing out to them what they were "doing wrong" or what they "were not doing, that they should be doing." Much of this perception will come from the way the Personal Health Guide is introduced to the patient and will be strongly associated with the way you, as the educator, present the material in the booklet, as well as the booklet itself.

The Personal Health Guide should be presented as a guide, a series of helpful suggestions that, if followed, will enhance the patient's wellness. It should not be presented as a prescription that allows no room for patients' participation and decision-making. Make it clear to the patient that once he/she has decided to take the necessary steps to change certain behavior and/or to improve his/her health, the booklet can be a useful resource in planning further steps in the process of change.

Writing In the Personal Health Guide

The health educator should encourage the patient to write in the Personal Health Guide and to use it as a form of "record keeping" for his/her test results and exam dates. Many patients use a pocket calendar together with the Personal Health Guide. Encourage the patient to use whatever format is most convenient or comfortable for him/her. However, initial support and continuous reinforcement of taking notes during appointments is recommended.

Helpful Hint

Encourage your patient to write test results and appointments/exams dates in the Personal Health Guide. Reinforce positive behavior changes every time you encounter the patient. Ask to see their booklet. Offer assistance in taking notes, if needed, or identify a family member who can help with note-taking. Remember that some patients are uncomfortable with their writing skills and you don't want that to become a barrier to the education process. Find or create ways to facilitate note-taking while stressing the importance of the PHG as a patient empowerment tool.

Sharing the Personal Health Guide

Many patients see the Personal Health Guide as a valuable source of information that can and should be shared with family members and/or friends and they do just that. As the health educator, you can have an important role in validating this behavior and promoting the dissemination of preventive information. If you perceive that sharing is occurring, offer to provide additional copies of the booklet, if necessary, and/or offer to talk with friends or family members about their questions or need for information.

Reviewing the Personal Health Guide With the Patient

During pre-implementation planning, your site will need to decide whose responsibility it will be to review the Personal Health Guide with the patient. In some sites, nurses review the Guide either after or while they are filling out the Health Risk Profile. In some sites the clinicians do it, either before or after the clinical exam. Others have the health educator sit down with the patient and dedicate time exclusively to reviewing the information in the booklet, either before or after the patient has gone through his/her physical exam.

It is important to remember that the Personal Health Guide contains far too much information to be conveyed at once. Ideally (and many sites implementing PPIP are doing this), the educator is able to focus on one or two of the major risk factors and deal with them in a more in-depth manner. It is important to assess, at the moment of reviewing the Personal Health Guide, what the patient knows about his/her condition/risks. What behavioral changes have been attempted already? With what degree of success?

If you assess your patient's knowledge and circumstances, your educational efforts will be much more effective, as you will spend less time covering topics the patient may be "tired" of hearing about, and focus on new information and skills to facilitate the necessary changes in high-risk behaviors. On the other hand, if your patient has no previous knowledge about his/her risks or condition, the time you spend explaining them in some detail and answering questions, will enable you to "build" upon this knowledge later, step-by-step.

Providing Additional Educational Materials

The Personal Health Guide is not meant to be exhaustive in its approach and coverage of preventive topics. That is why many clinics use and recommend the use of additional educational materials. You should select materials appropriate for your target population (pay particular attention to the grade-level of the material) and have an ample supply of these close by when you are educating or counseling patients. If someone else, such as a clinician, is reviewing the Personal Health Guide with the patient, attach pamphlets related to the risks already identified to assist the clinician in providing the information.

Be creative in the use of additional materials and remember that the patient's education begins when he/she enters your clinic. So explore potential spaces for attaching preventive messages such as bare walls, television sets, hallways, doors, even restrooms. Using posters and colorful messages are effective ways of reinforcing messages that patients receive when interacting with clinic personnel. Remember to change your messages frequently so they do not become part of the "scenery."

Stages of Change and Your Patient

One way of assessing your patient, in terms of knowledge and circumstances, is by applying a theory called "Stages of Change " (Prochaska & DiClemente, 1984). You can determine the stage of your patient by asking some simple questions about his/her behavior(s), and then proceeding with the appropriate education/counseling, attempting to move the patient from one stage to the next in a carefully planned manner.

These stages have been labeled: **Precontemplation, Contemplation, Preparation, Action,** and **Maintenance**. Below is a table with each of the stages and sample questions you can adapt to the particular behavior change you're encouraging. To facilitate understanding, smoking cessation will be used as an example.

Questions	Stages of Change
Do you intend to quit smoking in the next six months?	If the answer is **"No"**, then the person is at the **Pre-Contemplation** stage. Here, the only education that will have any effect is one that encourages the patient to consider quitting. Remember: the patient has not given serious thought to quitting in the future. Either because of ignorance of the effects of smoking on health, or because he/she feels that quitting is impossible, this patient has never given serious thought to the possibility of quitting. Your role in this stage is to encourage the patient to consider the possibility. Don't minimize the difficulty of smoking cessation, but you can tell the patient, "we've learned a lot in the past few years about helping people quit smoking. We're having more success and we are here to help you when you are ready."

Questions	Stages of Change
	If the answer is **"Yes,"** then the person is at the **Contemplation** stage. Here, your task as educator will be different. At this stage, the person has seriously considered quitting, but may lack the motivation to start the process. This is the moment when you can provide motivation, and share success stories of other patients. You may even utilize other patients to function as peer volunteers. An ex-smoker may be the best one to talk about the different approaches to smoking cessation and the options available to the patient.
Do you intend to quit smoking in the next next 30 days?	If the answer is **"No,"** then your patient is still in the **Contemplation** phase, and you should provide the education/counseling suggested above for that stage. If the answer to this question is **"Yes,"** your patient is in the **Preparation** stage. He/she has already made the decision to attempt the change and is ready to begin working on it. Here, it is your task to give the patients the necessary tools to cause the behavior change. You should either refer the patient to a smoking cessation program that you know to be effective or you should facilitate the cessation process yourself. It is important to focus - at this stage - on increasing the patient's confidence (self-efficacy) that he/she can attempt this change and succeed. Small steps, close follow-up, reinforcement and encouragement are also very important. The use of "contracts" between the patient and the educator may be useful tools for mastering each step of the process (these consist, basically, of a piece of paper where the educator writes down the goal to be accomplished in the next week(s) and the patient signs the paper, "contracting" to perform the tasks specified in the document).

Questions Stages of Change	
Are you in the process of giving up smoking? .	If the answer is **"Yes,"** then the needs of your patient are quite different from the previous stages. This patient is in the **Action** stage. Here, he/she most likely needs positive reinforcement for the changes already attained and support for moving on to the maintenance stage. Attention to self-efficacy is also important
Have you quit smoking for more than six months?	If the answer is **"Yes,"** then your patient is in the **Maintenance** stage. At this point, it is important to focus on learning coping mechanisms to prevent relapse (should that occur) and perhaps on recruiting this patient as a potential peer volunteer to motivate others and share his/her experience.

Discussing Sensitive Topics

Certain topics such as drinking, drug use, and sexual behavior are often difficult to discuss. Either patients are uncomfortable with the subjects or the health educator finds it hard to phrase the questions in an appropriate manner. It is important that the health educator assess his/her level of comfort with inquiring about such topics. If he/she feels uncomfortable, this should be acknowledged (often not an easy thing to do, for sure!) and help should be sought.

One thing to be avoided however, is that these "sensitive" questions are not asked. For example, one educator at a Texas PPIP site said she simply skipped questions related to sexuality, because she thought her patients were too uncomfortable and she didn't know how to ask the questions in a way that would not offend them. This is not desirable, for such practice may be overlooking the most important risk factor in the patient's life.

So, if you are uncomfortable with certain topics or unsure of how to handle them so your patients will not feel offended, discuss the issue with someone on your team. Bring the problem up in a meeting, let people share their experiences and potential solutions with you. You'll be surprised at how much you can learn from others, when you have the courage to approach these "sensitive" topics!

The Preventive Care Flow Sheet and the Health Risk Profile as Educational Tools

Patient education and counseling, as we have seen, will happen continuously while the patient is in your clinic. However, a certain amount of time may be dedicated exclusively for education and the educator can use the Personal Health Guide to orient the educational session. In addition, when the Flow Sheet and the Health Risk Profile are being completed, these can also be valuable "teaching moments." Actually, education—at those moments—will be occurring in both directions: the patient will have the preventive messages reinforced and communicated briefly and you will also be learning a great deal about your patient.

It is important to keep in mind that an attitude of "mutual education" is much healthier than one in which the clinic staff present themselves as having all the knowledge and information to be taught, and the patient does all the listening and learning. An atmosphere of "we have valuable information to share with you, but we also have a great deal to learn from you" will help create the safe environment discussed earlier, and greatly facilitate the learning process (in both directions!).

CHAPTER 7

SEVEN

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